

**POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number

Attached

Filing Date

First Named Inventor

Title

Art Unit

Examiner Name

Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

73658

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____
SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Thomas J. Arria

Telephone

781-219-8760

Title and Company

Sr. IP Specialist, Patenting

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Statement Under 37 C.F.R. 3.73(b)

Owner: **Nokia Corporation**

Application Nos.: **See Attached**

Nokia Corporation, a corporation
(Type of Assignee) (Name of Assignee)

states that it is:


the assignee of the entire right, title and interest in:

the patent applications **identified on the attached list** by virtue of assignment(s) from the inventor(s) of the patent application(s).

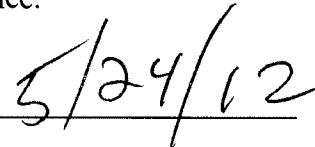
The assignments were recorded in the United States Patent and Trademark Office on the Reel and Frame numbers listed on the attached list.

The undersigned is authorized to act on behalf of the assignee.

Signature: _____



Date: _____



Name: Thomas J. Arria

Registration No.: 60,223

Title: Sr. IP Specialist, Patenting

Revocation of Power of Attorney with a New Power of Attorney and Change of Correspondence
Address Applications List

Application No.:	Filing Date	Confirmation No.:	Assignment: Reel/Frame
10/795083 (Pat. No. 7161983)	03/05/2004	6633	015053/0928
10/941915 (Pat. No. 7319874)	09/16/2004	9267	015808/0315
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09/692794 (Pat. No. 6731939)	10/20/2000	6380	011270/0210
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Application No.:	Filing Date	Confirmation No.:	Assignment: Reel/Frame
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Application No.:	Filing Date	Confirmation No.:	Assignment: Reel/Frame
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